



SEP 14 2004 4:49PM

ABC PATENTS

NO. 0660 P. 5

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or FAX (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/16/2004

GAYLE B. O'BRIEN
ABBOTT BIORESEARCH CENTER
100 RESEARCH DRIVE
WORCESTER, MA 01605-4314

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/815,310	03/22/2001	Gavin C. Hirst		4602

TITLE OF INVENTION: PYRAZOLOPYRIMIDINES AS THERAPEUTIC AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HABTE, KAHSAI	1624	514-258000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gayle B. O'Brien

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Abbott Laboratories

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Abbott Park, IL

Please check the appropriate assigned category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0100048 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Gayle B. O'Brien

(Date)

September 14, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/16/2004 WASFAW2 00000048 010025 09815310

01	FC:1501	1330.00	DA
02	FC:1504	300.00	DA
03	FC:8001	3.00	DA

TRANSMIT THIS FORM WITH FEE(S)



SEP 14 2004 4:48PM

ABC PATENTS

NO. 0660 P. 1

PTO/SB/97 (08-00)

Approved for use through 10/31/02. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, facsimile number **703-746-4000**.

on September 14, 2004
Date

Eleanor Miller
Signature

Eleanor Miller
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal of Payment of Issue Fee (in duplicate)
Issue Fee Transmittal Form PTOL-85 (in duplicate)

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



SEP 14. 2004 4:48PM

ABC PATENTS

NO. 0660 P. 2

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
(37 C.F.R. 1.311)

Docket No.
BBC-072B

Applicant(s):

Gayin C. Hirst et al.

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/815,310	March 22, 2001	Habte, Kahsay	34123	1624	4602

Invention:

Pyrazolopyrimidines as Therapeutic Agents

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1330.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☒ Publication Fee: \$ 300.00
- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below.
- ☒ Charge the amount of \$1,630.00
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

Gayle B. O'Brien
Signature

Dated: September 14, 2004

Gayle B. O'Brien
Agent for Applicant
Registration Number 48,812
Abbott Bioresearch Center
100 Research Drive
Worcester, MA 01605-4314

cc:

Certificate of Transmission by Facsimile
This certificate may only be used if paying
by deposit account.

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax on _____)	
Date _____	
Signature _____	
Eleanor Miller	
Typed or Printed Name of Person Signing Certificate	

Certificate of Mailing by First Class Mail

I certify that this document and fee is being deposited with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Signature of Person Mailing Correspondence _____	
Typed or Printed Name of Person Mailing Correspondence _____	